

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
MAY 12 2017
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0152
Date: 5-19-17
Amount Paid: \$755.00
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:				City/State/Zip:		Telephone:
Ken & Darlene Rasputnik		27875 State Hwy 137				Ashland WI 54806		715-682-9240
Address of Property:		City/State/Zip:		City/State/Zip:		Cell Phone:		
27875 State Hwy 137		Ashland WI 54806						
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
S&P								
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID # (4-5 digits)		Recorded Deed (i.e. # assigned by Register of Deeds)		
SE 1/4, SE 1/4		Gov't Lot		CSM		Vol & Page		
		Lot(s)		Lot(s) No.		Block(s) No.		
Section 9, Township 47 N, Range 5 W		Town of: Fellen		Lot Size		Acreage		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet						
<input checked="" type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 3200	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary/Exists	Specify Type: Septic
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input checked="" type="checkbox"/> Cabot's Lab		<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 28 feet	Width: 24 feet	Height: 20 ft
Proposed Construction:	Length: 20 feet	Width: 12 feet	Height: 12 ft

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	(X)	
<input type="checkbox"/> with (2nd) Deck	<input type="checkbox"/>	<input type="checkbox"/> with a Deck	(X)	
<input type="checkbox"/> with (2nd) Deck with Attached Garage	<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) Covered Patio	(20 X 12)	240
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/> Rec'd for Issuance	<input type="checkbox"/>	<input type="checkbox"/> Special Use: (explain)	(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	<input type="checkbox"/> Other: (explain)	(X)	

Secretarial Staff

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

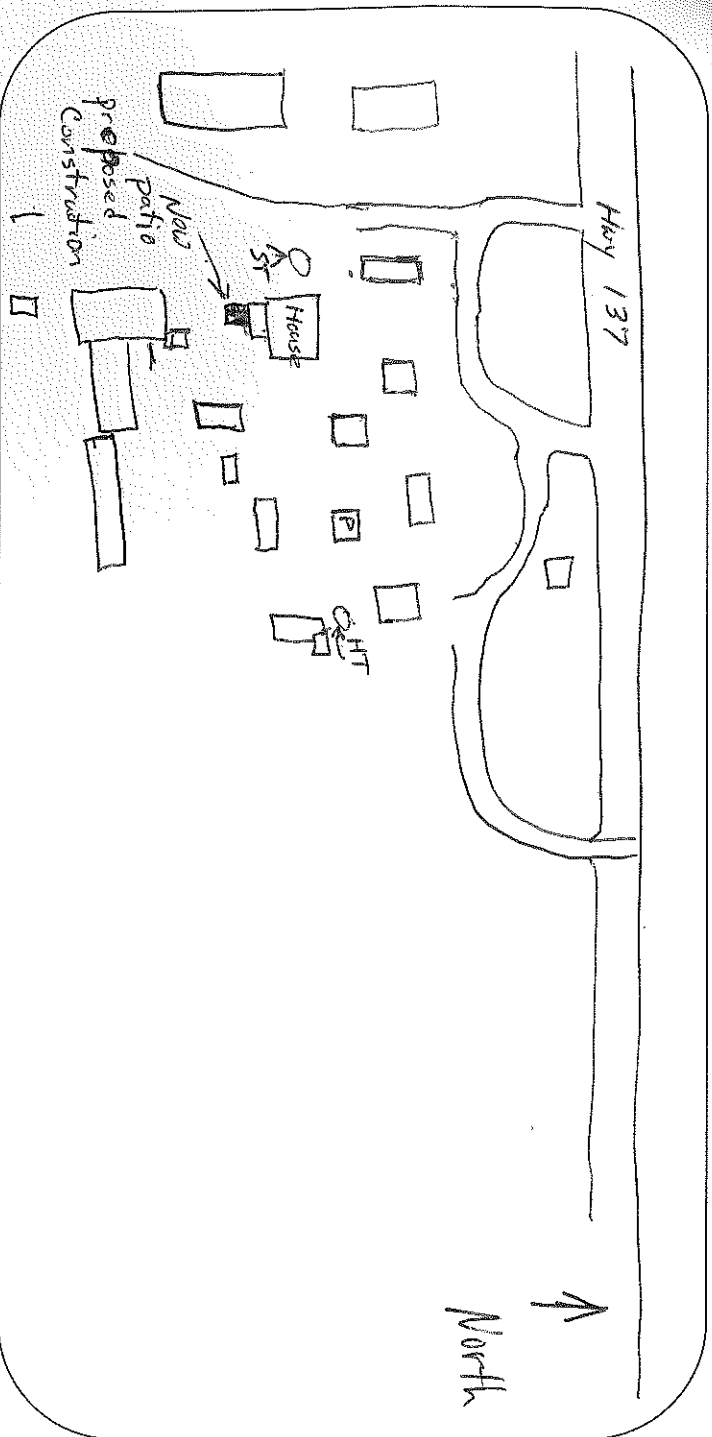
Owner(s): Ken & Darlene Rasputnik
Date: May 7-2017
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 27875 State Hwy 137 Ashland WI 54806
Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch Your Property (regardless of what you are applying for)

- Proposed Construction
- (1) Show Location of:
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on Your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	320 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	280 Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	320 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	1000 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	350 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	470 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	35 Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	150 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0152	Permit Date: 5-19-17			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: N/A	Case #: N/A		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Entry way to existing house ok to issue LU Permit		Zoning District (A31)		
Date of Inspection: 5/17/2017		Inspected by: Robert Schuman	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)				
Signature of Inspector: [Signature]		Date of Approval: 5/17/2017		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

LAND USE - **X**
SANITARY -
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

No. **17-0156** Issued To: **Kenneth & Darlene Raspotnik**

Location: **SE** $\frac{1}{4}$ of **SE** $\frac{1}{4}$ Section **9** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Addition: [1- Story; Covered Patio (20' x 12') = 240 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s):

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 19, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 18 2017
Bayfield Co. Zoning Dept.

Permit #: 17-0157
Date: 5-19-17
Amount Paid: \$75
519-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: KEN + Darlene Rasputnik	Mailing Address: 2875 State Hwy 137 Ashland WI 54806	Telephone: 715-683-9240
Address of Property: 2875 State Hwy 137	City/State/Zip: Ashland WI 54806	Cell Phone:
Contractor: Self	Contractor Phone:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: SE 1/4, SE 1/4	Legal Description: (Use Tax Statement) PIN: (23 digits) 04-15525	Recorded Document: (i.e. Property Ownership) Volume 430 Page(s) 29
Gov't Lot	Lot(s)	CSM
Vol & Page	Lot(s) No.	Block(s) No.
Subdivision:	Lot Size	Acres
Section 9, Township 47 N, Range 5 W	Town of: Eileen	
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet
		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material \$ 3500.00	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> (New) Sanitary	Specify Type: ST	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: ST	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: V	
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pri)	or Vented (min 200 gallon)	
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 60	Width: 30	Height: 15
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X)	
<input type="checkbox"/> with Loft		(X)	
<input type="checkbox"/> with a Porch		(X)	
<input type="checkbox"/> with (2nd) Porch		(X)	
<input type="checkbox"/> with a Deck		(X)	
<input type="checkbox"/> with (2nd) Deck		(X)	
<input type="checkbox"/> with Attached Garage		(X)	
<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)		(X)	
<input type="checkbox"/> Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Accessory Building (specify) Hoop House		(30 X 60)	1800
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X)	
<input type="checkbox"/> Special Use: (explain)		(X)	
<input type="checkbox"/> Conditional Use: (explain)		(X)	
<input type="checkbox"/> Other: (explain)		(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ken + Darlene Rasputnik Date May 17-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

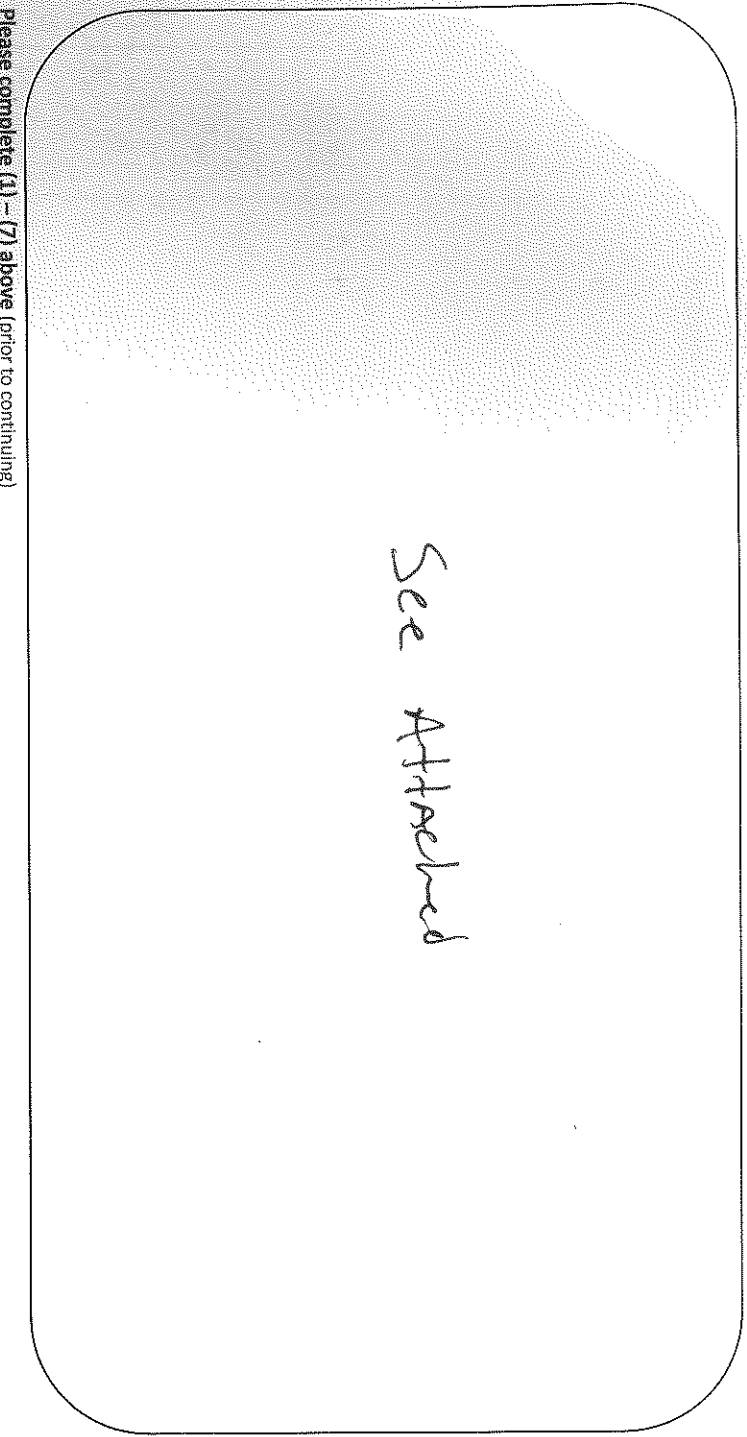
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	21.8 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	18.5 Feet	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	
Setback from the North Lot Line	204.0 Feet		
Setback from the South Lot Line	100.0 Feet	Setback from Wetland	280 Feet
Setback from the West Lot Line	300 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	99.0 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	100 Feet
Setback to Drain Field	180 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0157	Permit Date: 5-19-17					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #: N/A	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: N/A		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Personal Use Greenhouse		Zoning District (AS1)				
Date of Inspection: 5/17/2017	Inspected by: Robert Scherman	Lakes Classification (—)				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:				
Not to be used for Human habitation.						
Signature of Inspector: [Signature]		Date of Approval: 5/19/2017				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

Bayfield County Web AppBuilder



May 18, 2017

Building

Corner Tie Sheets

Section Corner Monument on File

Section Corner Monument Referenced on Survey

Survey Maps

UnRecorded Map

Recorded Map

Road Type

CFR

County

Federal

Private

State

Town

Municipal Boundary

Section Lines

Approximate Parcel Boundary

Meander Line

Tie Line

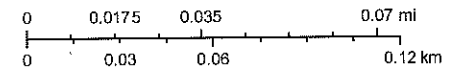
Rivers

Wetlands

Douglas Co Parcels

Ashland Co Parcel

1:1,566



Bayfield

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0157** Issued To: **Kenneth & Darlene Raspotnik**

Location: **SE** ¼ of **SE** ¼ Section **9** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Accessory Structure: [1- Story; Hoop House (30' x 60') = 1,800 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **Not to be used for human habitation.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 19, 2017

Date